

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 156

Primary Registration District No. 2001

Registrar's No. 624

STATE FILE NUMBER

FILED DEC 30 1963

63-048447

VS 300 Rev. 4/59	DATE AMENDED	1. PLACE OF DEATH a. COUNTY <u>Jasper</u>	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>McDonald</u>
1 <u>1495</u>	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF	b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Joplin</u>	c. CITY OR TOWN <u>Anderson</u>
2 <u>1610</u>		Length of stay in 1b <u>9 days</u>	Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
3		c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Freeman Hospital</u>	d. STREET ADDRESS (If outside, give location) <u>NONE</u>
4 <u>0</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
5 <u>1</u>		3. NAME OF DECEASED (Type or print) First <u>Lawrence</u> Middle <u>Noland</u> Last <u>Noland</u>	4. DATE OF DEATH Month <u>Dec</u> Day <u>22</u> Year <u>1963</u>
6		5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>
7 <u>0</u>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>5-11-1893</u>
8 <u>2</u>		9. AGE (last birthday) <u>70</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>
9 <u>962X</u>		11. BIRTHPLACE (City and state or country) <u>Mark Creek, Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
10 <u>45</u>		13a. FATHER'S NAME <u>UNKNOWN</u>	13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>
11 <u>333</u>		14. NAME OF HUSBAND OR WIFE <u>Marie Noland</u>	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>
12 <u>4-0</u>		16. SOCIAL SECURITY NO. <u>[REDACTED]</u>	17. INFORMANT <u>Marie Noland Anderson, Mo.</u>
13 <u>2-0</u>		18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Myocardial failure</u> Cerebral degeneration of traumatic origin. (Trauma in January, 1955) DUE TO (b) <u>Progressive since 1955</u> DUE TO (c) <u>Chronic nephritis. Acute urinary suppression.</u>	INTERVAL BETWEEN ONSET AND DEATH <u>Few days</u>
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Chronic nephritis. Acute urinary suppression.</u>	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
	19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>Patient fell a distance of 40', at work, 1-1-55. Disabled ever since.</u>	20c. TIME OF INJURY Hour <u>1:00</u> a.m. <u>12-22-63</u> Month, Day, Year	
	20d. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
	20f. CITY, TOWN, OR LOCATION <u>Joplin, Mo.</u>	COUNTY <u>McDonald</u> STATE <u>Mo.</u>	
	21. I attended the deceased from <u>1-1-55</u> to <u>12-22-63</u> and last saw him <u>live</u> on <u>12-21-63</u> Death occurred at <u>2:00 A.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.	22a. SIGNATURE <u>[Signature]</u>	
	22b. ADDRESS <u>DeTar Clinic, 410 Jackson, Joplin, Mo.</u>	22c. DATE SIGNED <u>12-27-63</u>	
	23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>12-24-1963</u>	
	23c. NAME OF CEMETERY OR CREMATORY <u>Howard</u>	23d. LOCATION (City, town, or county) <u>Goodman, Mo.</u>	
	24. FUNERAL DIRECTOR <u>Polker Funeral Home</u>	25. DATE RECD. BY LOCAL REG. <u>12-27-1963</u>	
	26. REGISTRAR'S SIGNATURE <u>Noire Merriam</u>		

(Licensed Embalmer's Statement on Reverse Side)

JAN 10 1964

JAN 3 1964

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 6012

P. O. Address Indian, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

• If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.